

Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: April 1- June 30, 2016 Grantee Name: Highland LifeCare Center

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| 0 | 2 | 3 | 16 | 8 | 9 | 6 | 1 |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown |
|---------------|---------------|---------------|-------------|--------------------------|
| 14 | 7 | 3 | 7 | 14 |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 13 | 31 | 1 |

4. Client Race:

| Race: White | Race: African-American | Race: African-African | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|-----------------------|-----------------------|---------------------|-------------------------|---------------|
| 10 | 15 | 2 | 2 | 5 | 7 | 4 |

5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 3 | 41 | 1 |